UMDONI PARK GOLF CLUB

PO Box 124, Pennington, 4184
Tel: (039) 975 1615 Admin / (039) 975 1320 Proshop

MEMBERSHIP APPLICATION

SURNAME		
FIRST NAME		
ID NUMBER		
E-Mail		
PHYSICAL ADDRESS		
TELEPHONE	Cell:	Work:

DO YOU WISH TO BE HANDICAPPED AT UMDONI? YES: ☐ NO: ☐

PREVIOUS CLUB NAME: _____

SAGA PLAYER ID No.: _____

PROPOSER		SIGNATURE	
SECONDER		SIGNATURE	
COMMITTEE MEMBER		SIGNATURE	

AGREEMENT

I / WE HEREBY:

1. Apply for: Full ☐ Lady ☐ Senior ☐ Family ☐ TTS ☐ Husband & Wife ☐ Umd Point ☐ Country ☐ Junior ☐ Social ☐
2. Agree that upon acceptance of this application I / we shall be bound by the terms & conditions of the constitution, regulations, dress & etiquette codes, byelaws & rules of golf as well as regulations of the Umdoni Park Trust.
3. Acknowledge that the Umdoni Park (Pty) Ltd, Club or Trust is in no way responsible for any injury sustained by me / us or my / our family, when using the facilities and indemnify the entities in respect of any such claims.
4. Agree that should I / we resign from the Club or my / our membership be terminated in terms of the constitution of the Club, then any outstanding balance at the date of such resignation or termination will fall due by me / us immediately upon cessation of membership.
5. Acknowledge that subscriptions due from the date of acceptance as a member, are payable immediately on receipt of notification of the amount due; and
6. Acknowledge that annual subscriptions are due and payable on 1 March annually. Should I / we wish to resign, this must be submitted in writing before or on 28 February, failing to resign before 2 March will result in me / us being liable for levies and affiliations paid on my / our behalf for the year ending 1 March.

_____ SIGNATURE

_____ DATE